



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

**FILED BY:**

Committee Name: ELECT JOHN Q PUBLIC  
Treasurer Name: SUSIE Q SMITH  
Treasurer Address: PO BOX 1007  
(include city, state, & zip) MAPLE GROVE, NC 24687  
Treasurer Phone: (919) 555-2121

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

| Type of account | Financial Institution    | Address                             | Account Number | Account Code |
|-----------------|--------------------------|-------------------------------------|----------------|--------------|
| CHECKING        | MAPLE GROVE CREDIT UNION | 2100 MAIN STREET<br>MAPLE GROVE, NC | 0000-000011111 | 1            |
|                 |                          |                                     |                |              |

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

10/1/2008

Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. *(Only candidates may choose this option.)*

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer



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**Additional account numbers:**

| Type of account | Financial Institution | Address | Account Number | Account Code |
|-----------------|-----------------------|---------|----------------|--------------|
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\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer